

RECEIVED

JUL 0 2 2001 **TECH CENTER 1600/2900**

Please type a plue sign (+) inside this box -> +

required)

PTO/SB/01 (10-00)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

| DECLARATION FOR UTILITY OR | Attorney Docket Number | 7438 | |
|---|------------------------|---------------|--|
| DESIGN | First Named Inventor | N.A. Williams | |
| PATENT APPLICATION (37 CFR 1.63) | COMPLETE IF KNOWN | | |
| | Application Number | 09 / 786,648 | |
| Declaration copy Submitted OR with Initial Filing Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) | Filing Date | 03/07/2001 | |
| | Group Art Unit | 1642 | |
| | Examiner Name | | |

Examiner Name

| As a below named inventor, I h | ereby declare that: | | | | | | | |
|--|---------------------------|--------------------------|---|----------------------------|--------|--|--|--|
| My residence, mailing address, a | nd citizenship are as etc | sted below next to my na | me. | | | | | |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | |
| Peptide Fragments of Cholera Toxin B or Enterotoxin B as Vaccine Adjuvants | | | | | | | | |
| 46 | | Title of the Invention) | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | | as United \$ | tates Application | Number or PCT Internat | tional | | | |
| was filed on (MM/DD/YYYY) | . r-n3/n//-con- | | | | | | | |
| Application Number 09/786 | ,648 and was a | emended on (MM/DD/YY | m [| (if applica | ible). | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | |
| acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Data | Priority Not Claimed | Certified Copy Attac | | | | |
| | | (mayoutiti) | MOL CHANGE | YES NO | | | | |
| 9819484.8 | GB | 09/07/1998 | | | 1 | | | |
| PCT/GB99/02970 | PCT | 09/07/1999 | | | | | | |
| | • • • | 00)01/2// | | | | | | |
| | <u> </u> | | | | | | | |
| ☐ Additional foreign application | | | | | | | | |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | | | |
| Application Number(s) | | e (MM/DD/YYYY) | | | | | | |
| | | | Additiona | of provisional application | | | | |
| | | | numbers are listed on a supplemental priority data sheet | | | | | |
| | | | PTO/SB/ | 028 attached hereto. | | | | |
| | | | | | | | | |
| | | | | | | | | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradement Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \longrightarrow $\boxed{+}$

PTO/S8/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | Customer Number or Bar Code Label | | | OR 🖹 | Correspondence address below | | |
|---|---------------------------------------|---------------------------------------|--------------------------|--------------------|--------------------------------|----|--|
| Name Mary M. Krinsky 26850 | | | | | | | |
| i 79 Trumbull Address | | | | | | | |
| Address | | | • | | | | |
| City New Haven | · · · · · · · · · · · · · · · · · · · | | State C | Γ | ZIP 06511-3708 | | |
| U.S. Coun by | Telephon | | 73-9544 | | 203-773-1183 Fax | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | |
| NAME OF SOLE OR FIRST INV | ENTOR: | | A petition | has been | filed for this unsigned invent | or | |
| Given Name (first and middle [if any]) | A. | | Family Nam or Surname | 714 | lliams | | |
| Inventor's Signature | 3 | , | - | | Date | | |
| Residence: City Axbridge | | Somerse | et Cou | ntry ^{GB} | Citizenship GB | | |
| Mailing Address 16 The Court | | | | | - | | |
| Mailing Address Old Coach Ro | ad, Cross | | | | | | |
| City Axbridge | Somerset | | ZIP BS26 | 2EF | Country GB | | |
| NAME OF SECOND INVENTOR: | | | | | | | |
| Given Name Timothy R. Family Name Hirst or Surname | | | | | | | |
| Inventor's Signature | the C | | | | Date | | |
| Residence: City Clevedon (A | NOTUNI | ≨ ₽. Come State | rset | GB untry | Citizenship GB | | |
| Mailing Address 30 Albert Road FERNLEA, 4 THE AVENUE | | | | | | | |
| Mailing Address | | | | | | | |
| city Glevedon TAUNTON | State Somers | et 2 | ТА ((ДР <u>BS21</u> | ZEA Z | Country GB | | |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | |